

HISTORICAL SOCIETY OF TEMPLE CITY FACILITY USE APPLICATION & AGREEMENT



Name of Organization/Responsible Person:

Address: _____ / _____ / _____
(Street) (City) (Zip)

Cell Phone _____ Home Phone _____

Email Address: _____

Identification: _____ or _____
(Driver's License No.) (Calif. I.D. Card No.)

REQUEST USE OF: _____ Woman's Club Hall _____ Kitchen
_____ Back Yard Space _____ Front Yard Space

Choose One _____ I Will Purchase City Special Event Insurance
_____ I Will Provide Certificate of Insurance

Purpose of Facility Use:

(If event is a wedding reception and/or ceremony, please provide the full name of Bride and Groom.)

Date of Use: _____ Activity Time: _____ to _____ Set-up Time: _____ to _____

Estimated Attendance: _____ Adults _____ Teens _____ Children = TOTAL _____

Admission/Donation: Yes / No If so, what will proceeds be used for? _____

Are you using a caterer? Yes / No If so provide _____
(Caterer's Name)

(Address) / _____ (Phone Number)

Are you providing Entertainment? Yes / No If so, _____ Live Entertainment _____ DJ _____ Other

Alcohol Served: Yes / No *Alcohol Sold: Yes / No

* A permit must be obtained from the Dept. of Alcoholic Beverage Control.

EQUIPMENT REQUESTED:

_____ Tables & Chairs (Banquet arrangement for _____ people) ***Maximum Occupancy 96***

_____ 60 inch Round Tables (Seats 8-10) _____ 6 foot Tables

_____ Chairs Only (Theater arrangement for _____ people) ***Maximum Occupancy 170***

_____ Microphone _____ Film Screen _____ Podium _____ Piano. _____ Coffee Pot

By signing below, I am certifying that I have read and understand the Historical Society of Temple City Facility Policies and Procedures pertaining to the requested facility use and agree that I am responsible for their enforcement and that I must be present at the event on the date requested.

I certify that all the above statements are true and correct. I understand that any misstatement or omission of a material fact may be sufficient cause for cancellation of use of the building.

I am aware that all fees are due and payable 14 days in advance of the activity.

I am aware that all applicants are required to carry insurance to utilize the facility and I understand that I must provide a certificate of insurance covering \$1,000,000 in liability naming the Historical Society of Temple City as co-insured or I will purchase special event insurance through The Event Helper.com or another insurance carrier approved by the Historical Society of Temple City. I understand that special event insurance must be purchased/presented 14 days prior to the event date.

(Date)

(Signature)

(Print Name)

HISTORICAL SOCIETY OF TEMPLE CITY ACCEPTANCE / DENIAL OF APPLICATION

Application Approved _____

Application Denied _____

FEE CALCULATION

First Hour \$ _____
Hours Thereafter ____ @ \$ _____
Set-Up Hours ____ @ \$ _____
Cleaning/Damage Deposit \$ _____
Kitchen (flat rate) \$ _____
Exterior (Back Yard) \$ _____
Exterior (Front Yard) \$ _____
Cleaning \$ _____
Security \$ _____

DEPOSIT: Amount Received \$ _____
Date Received _____
Received By _____

BALANCE DUE: \$ _____
DATE BALANCE DUE: _____

*A 10% charge per day of unpaid balance will be assessed if fees are not paid by above due date.

TOTAL FEES: \$ _____

If alcohol is being sold, has permit been
Obtained Yes / No

BALANCE PAID: \$ _____
Date Received _____
Received By _____

Insurance Verified Yes / No

(Date)

Historical Society of Temple City